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Debtor 1	Michael M Tallarida				
	First Name	Middle Name	Last Name		
Debtor 2	Nicole J Tallarida				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	DISTRICT OF NEW JEI	RSEY		
Case number	19-10082				

Check if this is an amended filing

Official Form 106D

#### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

2. List all secured claims. If a creditor has for each claim. If more than one creditor has much as possible, list the claims in alphabet	s a particular claim, list the other creditors	in Part 2. As	Column A  Amount of claim Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
Rushmore Loan 2.1 Management Services LLC	Describe the property that secures t	he claim:	\$331,366.29	\$300,000.00	\$31,366.29
Creditor's Name	101 Brookline Avenue Nutle 07110 Essex County	y, NJ			
Rd. STE 100 Irvine, CA 92618	As of the date you file, the claim is: apply.	Check all that			
Number, Street, City, State & Zip Code  Who owes the debt? Check one.	☐ Unliquidated☐ Disputed				
Debtor 1 only Debtor 2 only	Nature of lien. Check all that apply.  An agreement you made (such as rear loan)	mortgage or secul	red		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Mortgage			
Date debt was incurred	Last 4 digits of account number	oer XXXX			

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Debtor 1 Michael M Tallarida  First Name Middle		Case number (if known)	19-10082	
Pirst Name Middle  Debtor 2 Nicole J Tallarida	Name Last Name			
First Name Middle	Name Last Name			
Toyota Financial Services	Describe the property that secures the claim:	\$11,290.00	\$8,500.00	\$2,790.0
Creditor's Name	2012 Toyota Rav 4 56000 miles		Ψ0,000.00	φ2,730.0
2220 300				
PO Box 5855 Carol Stream, IL 60197-5855	As of the date you file, the claim is: Check all the apply.  Contingent	at		
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage of car loan)	or secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lier	n)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	oan		
Date debt was incurred	Last 4 digits of account number 81	56		
2.3 Wells Fargo Bank	Describe the property that secures the claim:	\$17,904.00	\$300,000.00	\$17,904.00
Creditor's Name	101 Brookline Avenue Nutley, NJ		4000,000.00	
PO Pov 2447	07110 Essex County			
PO Box 3117 Winston Salem, NC 27102	As of the date you file, the claim is: Check all tha apply.  Contingent	t		
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Vho owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien	)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	quity Loan		
ate debt was incurred	Last 4 digits of account number XX	xx		
Add the dollar value of your entries in C	olumn A on this page. Write that number here:	\$360,560.2	29	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$360,560.5	20	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Check if this is:
An amended filing
A supplement showing postpetition chapter 13 income as of the following date:
MM / DD/ YYYY
40/4
and Debtor 2), both are equally responsible for ing with you, include information about your on about your spouse. If more space is needed, case number (if known). Answer every question.
-

information. Debtor 1 Debtor 2 or non-filing spouse If you have more than one job, Employed Employed **Employment status** attach a separate page with ☐ Not employed information about additional ☐ Not employed employers. Occupation **Production Assistant** Teacher Include part-time, seasonal, or self-employed work. Employer's name Disney Worldwide Services **Kearny School District** Occupation may include student **Employer's address** 75 Ninth Avenue or homemaker, if it applies. 5th Floor 172 Midland Avenue New York, NY 10011 Kearny, NJ 07032 How long employed there?

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			1	For Debtor 1		Debtor 2 or filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	2,198.00	\$	7,970.00
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	2,198.00	\$_	7,970.00

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Debtor	Michael M Tallarida Nicole J Tallarida	_	Case n	number (if known)	19-1008	32	
			For I	Debtor 1		otor 2 or	
С	opy line 4 here	4.	\$	2,198.00	\$	7,970.00	7
5. L	st all payroll deductions:						
5		5a.	•				
51		5b.	\$ \$	309.00	\$	1,656.00	
50		5c.	\$	0.00	\$	524.00	
50		5d.	\$	78.00	\$	82.00	
56		5e.	\$	0.00	\$	0.00	_
5f	Domestic support obligations	5f.	\$	0.00	\$	768.00	_
50		5g.	\$	0.00	\$	101.00	
5h	Other deductions. Specify: Life Insurance	5h.+			+ \$	75.00	-
	AFLAC Disability Insurance		\$	0.00	\$		
	Summer Pay	_	\$	0.00	\$	79.00 935.00	-
	Monies Returned to School Bd.	-	\$	0.00	\$	11.00	-
A	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.		-		-	12 m 12 mm	-
	alculate total monthly take-home pay. Subtract line 6 from line 4.	6.	\$	387.00	\$	4,231.00	
	st all other income regularly received:	7.	\$	1,811.00	\$	3,739.00	
88	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
8b	monthly net income.	8a.	\$	0.00	\$	0.00	
	The state of the s	8b.	\$	0.00	\$	0.00	
8c	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	¢		
8d		8d.	\$	0.00	\$	0.00	
8e		8e.	\$	0.00	\$ \$	0.00	
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	0.00	
8g	Pension or retirement income	- 8g.	\$	0.00	\$	0.00	
8h		8h.+		271.75		0.00 271.75	
Ad	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	271.75	\$	271.75	
							1
	culate monthly income. Add line 7 + line 9.  If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0. \$_	2,0	082.75 + \$_	4,010.7	5 = \$	6,093.5
oth Do	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your der friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not an ecify:	lepend			d in Sched	ule J. I. +\$	0.0
VVII	d the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain lies	ilt is the	e combir ties and	ned monthly inc Related <i>Data</i> ,	- rome		6,093.50
						Combine	
Do	you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:					monthly	income

Fill in this inform	ation to identify y	our case:						
Debtor 1	Michael M T	allarida				Che	ck if this is:	
							An amended filing	
ebtor 2 Spouse, if filing)	Nicole J Tall	arida			1		A supplement sho	wing postpetition chapt
spouse, ir illing)							13 expenses as of	the following date:
nited States Bank	cruptcy Court for the	: DISTE	RICT OF NEW JERSEY				MM / DD / YYYY	
ase number 1 f known)	9-10082							
Official Fo	orm 106J							
chedule	J: Your l	Expe	nses					1
umber (if know	and accurate as nore space is ne nn). Answer ever	y questi	e. If two married people a ach another sheet to this on.	re filing together, both form. On the top of a	n are e	qua	ally responsible fo nal pages, write y	or supplying correct cour name and case
Is this a join		nola				-		
☐ No. Go to	o line 2.							
Yes. Doe	es Debtor 2 live i	n a sepa	rate household?					
■ N								
		t file Offic	ial Form 106J-2, Expenses	s for Separate Househo	old of F	)eht	or 2	
	e dependents?	□No	And 1840 S Maria 1947 1955 27			,		
Do not list Do Debtor 2.		Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	•	Dependent's age	Does dependent live with you?
Do not state	the		The state of the s				ugo l	
dependents	21.77			Daughter		5		□ No ■ Yes
								□ No
				Son			11	■ Yes
								□ No
						_		Yes
								□ No
Do your exp	enses include		No			-	-	☐ Yes
expenses of	people other th	an _	Yes					
yourself and	d your dependen	ts?	163					
rt 2: Estima	ate Your Ongoin	g Month	y Expenses					
timate your ex penses as of a plicable date.	penses as of you date after the ba	ur bankr ankruptc	uptcy filing date unless you y is filed. If this is a supp	ou are using this form lemental <i>Schedule J</i> ,	as a check	sup the	plement in a Chap box at the top of	oter 13 case to report the form and fill in th
lude expenses	s paid for with n	on-cash	government assistance if	you know				
value of such	assistance and	have inc	luded it on Schedule I: Y	our Income			V	63.23
noiai i oi iii io	01.)				- 10	-500	Your expe	inses
The rental or payments and	r home ownersh d any rent for the	<b>ip expen</b> ground o	ses for your residence. In	nclude first mortgage	4.	\$		2,685.78
If not include	ed in line 4:							
4a. Real es	state taxes							
	ty, homeowner's,	or renter	s insurance		4a. 4b.	- 5		0.00
	maintenance, rep				40. 4c.	\$		0.00 50.00
4d. Homeo	wner's association	n or cond	lominium dues		4d.	\$		0.00
			ur residence, such as hor	ne equity loans	5.	95.70		0.00

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	Nicole J Tallarida	Case number (if known	19-10082
. Utilit			
6a.	Electricity, heat, natural gas	6a. \$	188.00
6b.	Water, sewer, garbage collection	6b. \$	25.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	275.00
6d.	Other. Specify: ADT	6d. \$	50.00
	and housekeeping supplies	7. \$	875.00
	care and children's education costs	8. \$	0.00
	ning, laundry, and dry cleaning	9. \$	100.00
0. Pers	onal care products and services	10. S	50.00
1. Medi	cal and dental expenses	11. \$	
2. Trans	sportation. Include gas, maintenance, bus or train fare	· · · · · · · · · · · · · · · · · · ·	208.00
Do no	of include car payments.	12. \$	200.00
3. Enter	tainment, clubs, recreation, newspapers, magazines, and books	13. \$	35.00
. Char	table contributions and religious donations	14. \$	0.00
. Insur	ance.	*	0.00
Do no	ot include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a. \$	0.00
	Health insurance	15b. \$	0.00
	Vehicle insurance	15c. \$	150.00
15d.	Other insurance. Specify:	15d. \$	0.00
Taxes	s. Do not include taxes deducted from your pay or included in lines 4 or 20		0.00
Speci	ty:	16. \$	0.00
Instal	lment or lease payments:		0.00
	Car payments for Vehicle 1	17a. \$	389.00
	Car payments for Vehicle 2	17b. \$	0.00
17c.	Other. Specify: Arrears on 2012 Toyota Rav 4 (Ending February 2021)	17c. \$	277.00
17d.	Other. Specify:	17d. \$	
	payments of alimony, maintenance, and support that you did not repor	1/u. \$	0.00
deduc	cted from your pay on line 5, Schedule I, Your Income (Official Form 10	6I). 18. \$	0.00
Other	payments you make to support others who do not live with you.	\$	0.00
Specif	fy:	19	
Other	real property expenses not included in lines 4 or 5 of this form or on 5	Schedule I: Your Income	
20a.	Mortgages on other property	20a. \$	0.00
20b.	Real estate taxes	20b. \$	0.00
20c.	Property, homeowner's, or renter's insurance	20c. \$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d. \$	
20e.	Homeowner's association or condominium dues	20e. \$	0.00
	: Specify:	21. +\$	0.00
		21. +3	0.00
	late your monthly expenses		
	dd lines 4 through 21.	\$	5,557.78
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2 \$	111111111
22c. A	dd line 22a and 22b. The result is your monthly expenses.	\$	5,557.78
		279	0,007.70
Calcul	late your monthly net income.	100	7 344.5
238.	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	6,093.50
23D.	Copy your monthly expenses from line 22c above.	23b\$	5,557.78
22-	0.11.		
23C.	Subtract your monthly expenses from your monthly income.	220 6	E2E 70
	The result is your monthly net income.	23c. \$	535.72
	I expect an increase or decrease in your expenses within the	annu file this f	
Do voi	u expect an increase or decrease in your expenses within the year after mple, do you expect to finish paying for your car loan within the year or do you expect	you file this form?	rease or decrease because of
Do you For exa	U expect an increase or decrease in your expenses within the year after mple, do you expect to finish paying for your car loan within the year or do you expect ation to the terms of your mortgage?	you file this form? your mortgage payment to inc	rease or decrease because of
Do you	mple, do you expect to finish paying for your car loan within the year or do you expect ation to the terms of your mortgage?	r you file this form? your mortgage payment to inc	rease or decrease because of

Official Form 106J

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this information to identify your case:

Michael M Tallarida

Debtor 1	Michael M Tallarida				
	First Name	Middle Name	Last Name		
Debtor 2	Nicole J Tallarida				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number	19-10082				

Check if this is an amended filing

#### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Pa	art 1: Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	300,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	47,017.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	347,017.00
Pa	rt 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	360,560.29
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	59,452.00
	Your total liabilities	\$	420,012.29
Par	t 3: Summarize Your Income and Expenses		
1.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,093.50
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,557.78
ar	4: Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	r other sch	edules.
	■ Yes		
	What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	hav and a	shmit this form to

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Debtor 1 Michael M Tallarida
Debtor 2 Nicole J Tallarida

Case number (if known) 19-10082

the court with your other schedules.

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 10,711.50

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total	claim
\$	0.00
\$	0.00
\$	0.00
\$	22,911.00
s \$	0.00
+\$	0.00
\$	22,911.00
	\$ \$ \$ \$ +\$

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Debtor 1	Michael M Tallarida				
	First Name	Middle Name	Last Name		
Debtor 2	Nicole J Tallarida				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case number	19-10082				

Check if this is an amended filing

#### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below		
Did	you pay or agree to pay someone who is NOT an attorney to	help y	ou fill out bankruptcy forms?
-	No		
	Yes. Name of person		Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Und that	er penalty of perjury, I declare that I have read the summary a they are true and correct.	and sch	edules filed with this declaration and
X	/s/ Michael M Tallarida	x /	s/ Nicole J Tallarida
	Michael M Tallarida	17.77	s/ Nicole J Tallarida Nicole J Tallarida
		ī	